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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) ROHRABACHER, DANA, , ,								
	(b) Address (number and street) PO BOX 3011	☐ Check if address changed				Candidate's FEC Identification Number H8CA42061			
	(c) City, State, and ZIP Code	<u> </u>					lew		Amended
	NEWPORT BEACH		CA	9265	8	Statement (N	N) OR		(A)
4.	Party Affiliation	5. Office Soug	nt			rict of Candidate			
	REPUBLICAN PARTY	House			CA	48			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
(a) Name of Committee (in full) ROHRABACHER FOR CONGRESS									
(b) Address (number and street) 9070 IRVINE CENTER DRIVE, #150									
	(c) City, State, and ZIP Code								
	IRVINE				CA	92618			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my									
candidacy.									
NOTE: This designation should be filed with the principal campaign committee.									
(a) Name of Committee (in full) CALIFORNIA VICTORY 2018									
	(b) Address (number and street) PO BOX 30844								
	(c) City, State, and ZIP Code								
	BETHESDA				MD	20824			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
	gnature of Candidate				Date				
R	OHRABACHER, DANA, , ,			[Elec	tronically Filed]	08/08/2017			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
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FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: F2N Transaction ID:

THIS IS AN AMENDMENT TO FORM 2 FILED 12/7/2016

Form/Schedule: Transaction ID: